

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002348

Registration District No. 178 Primary Registration District No. 1 Registrar's No. 1

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0560

2 0230

3 1

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6 0

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12 90-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |                                  |  |                                    |
|---|----------------------------------|--|------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>LEWIS</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>CLARK</b>   |                                    |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR <b>TOWN REDDISH TWSP.</b>   |                                  | c. CITY OR TOWN <b>WILLIAMSTOWN</b>  |                                    |
| Length of stay in 1b<br><b>6 mos.</b>   |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |                                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>2 mi. So.W. Williamstown</b>  |                                  | d. STREET ADDRESS (If outside, give location)<br><b>5 MI. NE WILLIAMSTOWN</b>  |                                    |
| Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                                  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                                    |
| 3. NAME OF DECEASED<br>(Type or print) <b>LOURETTA TIMMONS</b>  |                                  | 4. DATE OF DEATH<br>Month <b>JANUARY</b> Day <b>3</b> Year <b>1963</b>   |                                    |
| 5. SEX<br><b>FEMALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>  | 8. DATE OF BIRTH<br><b>5/12/81</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during last 12 months, even if retired)<br><b>HOUSEWIFE</b>   |                                  | 11. BIRTHPLACE (City and state or country)<br><b>CLARK CO., MISSOURI</b>   |                                    |
| 10b. KIND OF BUSINESS OR INDUSTRY<br><b>XXXXXXXXXXXXXX</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |                                    |
| 13a. FATHER'S NAME<br><b>JAMES SPURGEON</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>MAGGIE FRIEND</b>  |                                    |
| 14. NAME OF HUSBAND OR WIFE<br><b>JAMES TIMMONS</b>   |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |                                    |
| 16. SOCIAL SECURITY NO.<br><b>XXXXXXXXXXXX</b>  |                                  | 17. INFORMANT<br><b>MRS. TOMMY ENGLISH, WILLIAMSTOWN</b>   |                                    |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Carcinoma of stomach</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |                                  | 19. INTERVAL BETWEEN ONSET AND DEATH<br><b>1 yr</b>  |                                    |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                                  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   |                                    |
| 20. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.  |                                  | 21. I attended the deceased from <b>Jan. 1 1962</b> to <b>Jan. 3 1963</b> and last saw her alive on <b>Jan. 3 1963</b><br>Death occurred at <b>at 12 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated. |                                    |
| 22a. SIGNATURE<br><b>Dr. C. E. Fadd</b>   |                                  | 22b. ADDRESS<br><b>Williamstown Mo</b>   |                                    |
| 22c. DATE SIGNED<br><b>1/5/63</b>   |                                  | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   |                                    |
| 23b. DATE<br><b>1/6/63</b>  |                                  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>PROVIDENCE</b>  |                                    |
| 23d. LOCATION (City, town, or county)<br><b>WILLIAMSTOWN, MO.</b>   |                                  | 24. FUNERAL DIRECTOR<br><b>Charles J. Cronley, Jr.</b>   |                                    |
| 25. DATE RECD. BY LOCAL REG.<br><b>1-8-'63</b>  |                                  | 26. REGISTRAR'S SIGNATURE<br><b>Mrs. Henry Lloyd</b>   |                                    |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

APR 30 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Charles L. Arnold Jr.*

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.